

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 565064
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	0					
3		1				
4		2				
5		3				
6		3				
7		3				
8		0				
9	1					
10		0				
11		0				
12	1					
13		1				
14		1				
15		2				
16		3				
17		3				
18		3				
19		0				
20		1				
21		2				
22	1					
23		1				
24		1				
25		1				
26		1				
27		3				
28		0				
29		0				
30		0				
31		0				
32		0				
33	1					
34		1				
35		1				
36		1				
37	1					
38		1				
39	1					
40		1				
41		1				
42		0				
43		0				
44		0				
45		0				
46		0				
47		0				
48	1					
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52					0	
53					1	
54					0	
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99						
100						
TOTAL IND.					9	
TOTAL DEP.					79	
TOTAL CLAIMS					88	

Best Available Copy